

# Missouri Statewide Health Information Exchange

## Business & Technical Operations Workgroup

**Jefferson City, MO**

**December 15, 2009**

**3:00 pm – 5:00 pm**

**Jefferson Building 10th Floor, Conf. Rm. B**



# Agenda

Topic	Facilitator(s)	Time
Welcome & Introductions – Objectives for the Meeting	Co-Chairs	3:30 – 3:45 pm
“Meaningful Use” Revisited	Co-Chairs & Manatt	3:45 – 4:00 pm
Meeting Recap & stakeholder feedback	Co-Chairs & Manatt	4:00 – 4:10 pm
Looking Ahead: Workgroup Tasks, Process & Objectives through February	Co-Chairs & Manatt	4:10 – 4:20 pm
HIE Services Review & Prioritization Approach – Discussion	All	4:20 – 4:40 pm
HIE Use Case Straw Dog Concepts – Time Permitting	Tim Andrews	4:40 – 4:55 pm
Next Steps	Co-Chairs	4:55 – 5:00 pm

# Welcome & Introductions

# Governor Nixon's Remarks & Vision

- This is a tremendous opportunity for Missouri – to improve the affordability, quality and value of health care.
- It is also an opportunity to bring new investment to Missouri – potentially close to a billion dollars – to create new jobs and to improve public health
- **Six objectives**
  - Electronic records can help **reduce costly and preventable medical errors** and avoid duplication of treatments and procedures.
  - HIE can dramatically **improve the coordination of care and the quality of decision-making**, even among health care providers who are miles away from one another.
  - This provides us with an opportunity to **give Missourians more complete, accurate and timely information** with which to make decisions about their own health care.
  - This **makes health information portable**, so that whether consumers are switching providers or become sick while on vacation, their health history is available at the point of care.
  - We believe that if done correctly, promoting the use of standardized electronic health records and interoperable systems with strict safeguards can **improve patient privacy**.
  - Moving from paper records to electronic health records has tremendous potential for lowering administrative costs and thus **making health care more affordable**.
- **Thank you for partnering with the state in taking critical first steps in building a new framework for health information technology in Missouri**

# Objectives for Today – Complete Organizational Work and Begin Content Work

- Review and gain clarity and consensus on:
  - Deliverables through the completion of the Strategic Plan
  - Overall process for create our portion of the Strategic Plan
  - Process for identifying and prioritizing services to be offered statewide
- Discuss the ‘easy’ questions and reach consensus if possible
- Time permitting, review the straw concepts for Use Case development

# Immediate Deliverables For ONC Strategic Plan

- Implementation strategy to address how the state will meet meaningful use requirements
- Description of incremental approach for HIE services to reach all geographies and providers
- Identify plan and timeline for NHIN participation

# What Questions Must Be Answered?

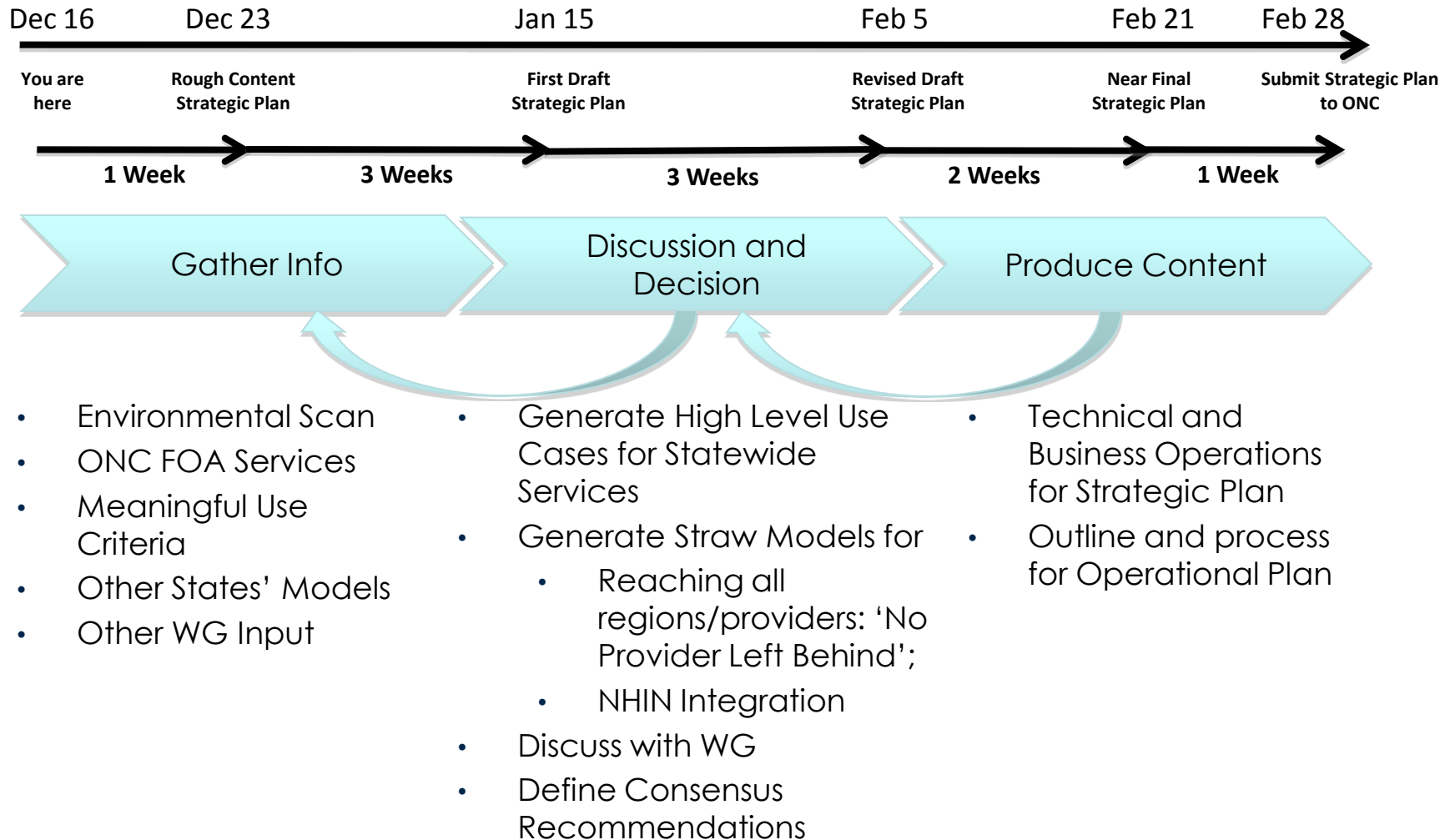
- Do we have any planned participation in NHIN?
- What access to broadband exists for providers in MO today?
- What is the state of EHR deployment?
- Do we want a statewide connection to NHIN?

**Easier**

- What services do we want to make available statewide?
- How will these services enable providers to satisfy Meaningful Use criteria?
- When must these services be available to providers for Meaningful Use? What contingency plans are needed?
- Do we want to consider a hosted, 'EHR lite' solution for small/rural providers?

**Harder**

# WG Process





# Project Milestones & Timelines

Week	Key Topics & Discussions
12/1	<ul style="list-style-type: none"> <li>➤ Initial kickoff meeting and education</li> <li>➤ Review charter and project timeline</li> </ul>
12/13	<ul style="list-style-type: none"> <li>➤ Review stakeholder feedback received via web survey to date</li> <li>➤ Discuss threshold questions</li> <li>➤ Identify consensus recommendations for inclusion in draft Strategic Plan</li> <li>➤ Identify outstanding questions to be addressed</li> </ul> <p>Key Decisions: Agreement on methodology to prioritize HIE services</p>
1/11	<ul style="list-style-type: none"> <li>➤ Review draft Strategic Plan language for presentation to Advisory Board</li> <li>➤ Discuss outstanding questions and identify process for resolution</li> </ul> <p>Key Decisions: Prioritize HIE services</p>
1/25	<ul style="list-style-type: none"> <li>➤ Review Advisory Board's feedback and/or questions relative to Strategic Plan</li> <li>➤ Identify consensus responses to Advisory Board's feedback and Strategic Plan revisions</li> </ul> <p>Key Decisions: Agreement on methodology to develop use cases</p>
2/8	<ul style="list-style-type: none"> <li>➤ Continued working session to finalize Strategic Plan content; incorporate revisions based on Advisory Board's feedback</li> <li>➤ Identify issues to be "tabled" and to be addressed by the Operational Plan</li> <li>➤ Initiate development of use cases</li> </ul>
2/22	<ul style="list-style-type: none"> <li>➤ Review final Strategic Plan</li> <li>➤ Review Operational Plan components and requirements</li> <li>➤ Identify Workgroup milestones and timeline through May</li> <li>➤ Continue development of use cases</li> </ul>

## **American Recovery & Reinvestment Act (ARRA)**

*\$787 billion Federal stimulus package signed into law by President Obama in February 2009*

### **Health Information Technology for Economic & Clinical Health Act (HITECH Act)**

*Division A, Title XIII and Division B, Title IV of the ARRA, the section of the stimulus package focused on supporting the more widespread adoption of health information technology.*

#### **Medicare/Medicaid Payment Incentives for EHR Adoption and Use**

*\$44.7 billion in incentive payments (estimated)*

*\$2.1 billion in Federal and State administrative funds (estimated)*

#### **Grants/Loans/Technical Assistance for HIT/HIE Adoption**

*\$2 billion for State HIE co-op agreements, Regional Extension Center co-op agreements, EHR adoption loans programs, workforce training grants*

**ARRA also provides funding for HIT in community health centers; broadband technology, telehealth and distance learning; and workforce training and development.**



# Medicare/Medicaid Payment Incentives

Eligible hospitals and professionals can receive incentive payments for the meaningful use of certified EHR technology through the Medicare and Medicaid programs.

# Meaningful Use

- The Federal definition of meaningful use is still under development and the final definition will be promulgated in CMS regulations
- However, ARRA sets forth three basic meaningful use requirements, which hospitals and eligible professionals must demonstrate “to the satisfaction of the Secretary”:
  - Use of certified EHR technology in a meaningful manner, which includes **e-prescribing** (for eligible professionals),
  - Use of certified EHR technology that is connected for **health information exchange to improve health care quality**, such as promoting care coordination, and
  - Submission of **clinical quality measures** and other information.
- ARRA also requires meaningful use measures to become more stringent over time to improve EHR use and quality

# Meaningful Use: HIT Policy Committee Recommendations

## Key Goals

- Improve quality, safety, & efficiency
- Engage patients & their families
- Improve care coordination
- Improve population and public health
- Reduce disparities
- Ensure privacy and security protections

## Vision

To enable significant and measurable improvements in population health through a transformed health care delivery system

**2011**

### **Capture & Share Data**

- Lab Results Delivery
- e-Prescribing
- Claims & Eligibility Data
- Some Quality & Immunization Reporting

**Increases volume of transactions most commonly happening today – Infrastructure**

**2013**

### **Advanced Care Processes Decision Support**

- Registry reporting / public health reporting
- Electronic ordering
- Home monitoring, Continuity of Care summaries
- Populate PHRs

**Substantially steps up exchange – Starts to Aggregate and Apply Data**

**2015**

### **Improved Outcomes**

- Access comprehensive data
- Experience of Care reporting
- Medical Device Interoperability

**Moves toward relatively routine and regular data exchange – Clinical Management & Performance Improvement**

# Meaningful Use:

## HIT Policy Committee Recommendations

Policy Priority	Care Goals
Improve quality, safety, efficiency, and reduce health disparities	<ul style="list-style-type: none"> <li>•Provide access to comprehensive patient health data for patient's health care team</li> <li>•Use evidence-based order sets and CPOE</li> <li>•Apply clinical decision support at the point of care</li> <li>•Generate lists of patients who need care and use them to reach out to patients (e.g., reminders, care instructions, etc.)</li> <li>•Report to patient registries for quality improvement, public reporting, etc.</li> </ul>
Engage patients and families	Report to patient registries for quality improvement, public reporting, etc.
Improve care coordination	Exchange meaningful clinical information among professional health care team
Improve population and public health	Communicate with public health agencies.
Ensure adequate privacy and security protections for personal health information	<p>Ensure privacy and security protections for confidential information through operating policies, procedures, and technologies and compliance with applicable law.</p> <p>Provide transparency of data sharing to patient.</p>

**For each of the **Policy Priority/Care Goals**, specific Objectives and Measures are recommended for Eligible Professionals and Hospitals in **2011, 2013, and 2015.****

# Stakeholder Feedback

## What we Asked

What statewide technical resources or shared services should be developed to help address business and technical operations? Please describe.

## What We Heard

- The State should consider providing a network "backbone" for various sub-state or regional initiatives to connect to in order to exchange data statewide
- The State should provide train-the-trainer sessions for consultants
- Resources that may be helpful include:
  - Stock forms like Business Associates Agreements that could be adapted
  - Practice assessment tools
  - Best practices for work flow modification
  - Lessons learned blog
- Candidates for shared services include:
  - Connectivity & Integration: Facilities and resources to assist regional initiatives and individual healthcare providers in achieving connectivity to and integration with regional HIEs.
  - HIE-User Education: Resources and services for testing and demonstration of HIE technologies, training, and outreach to healthcare providers
  - Standards Certification: Assistance with ensuring adherence to national standards (i.e., NHIN) for interoperability and security, and facilities and resources for certification testing of technical solutions. Ideally, these services should be developed by the HIE provider, or by the State as the "provider of last resort."
- We should take an incremental approach and consider/ask what consumers and stakeholders need
- Evaluations should be incorporated into each step to inform reactions or adjustments to the plan.
- We should identify and leverage existing/developed resources to inform the current process.
- Providers will need greater access to broadband services to enable HIE services; the MOBroadbandnow project should be leveraged for the current project.

# HIE Services Prioritization Straw Concepts



# Funding Opportunity Announcement

## Requirements – HIE Services

**Technical Infrastructure** – Develop or facilitate the creation of a statewide technical infrastructure that supports statewide HIE. While states may prioritize among these HIE services according to its needs, HIE services to be developed include:

- Electronic eligibility and claims transactions
- *Electronic prescribing and refill requests*
- Electronic clinical laboratory ordering and results delivery
- Electronic public health reporting (i.e., immunizations, notifiable laboratory results)
- Quality reporting
- Prescription fill status and/or medication fill history
- Clinical summary exchange for care coordination and patient engagement

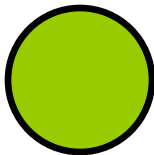
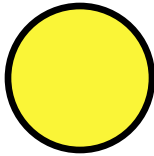
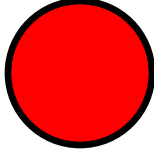
*Are there other services that should be considered?*

# How do we prioritize these services?

## *Proposed Criteria*

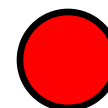
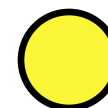
- **Support for Meaningful Use**
  - When will services be required?
- **Anticipated Value – looking for the ‘killer app’**
  - Patient care
  - Cost savings
  - Time and efficiency improvements
- **Expected Level of Difficulty**
  - Extent of existing capabilities that can be leveraged
  - Technical implementation
  - Cost
  - Time to availability
  - Relevance of state health information exchange to provision of service
- **Are there other criteria that should be included?**

# Prioritization Exercise – Criteria & Factors

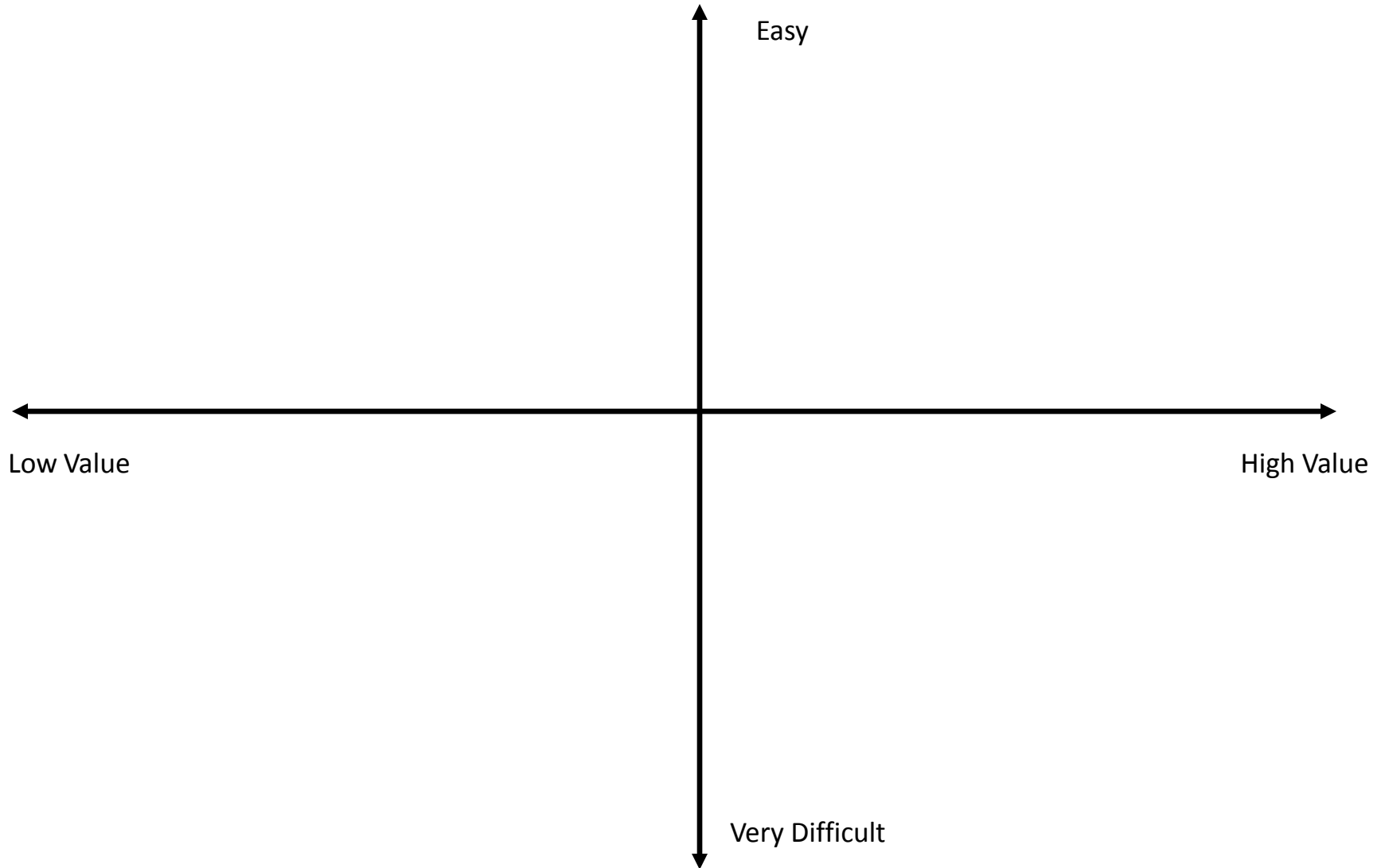
Criteria & Factors	<u>Expected level of difficulty</u>	<u>Value</u>
	<ul style="list-style-type: none"> <li>➤ Extent of existing capabilities that can be leveraged</li> <li>➤ Technical implementation</li> <li>➤ Cost</li> <li>➤ Time to availability</li> <li>➤ Relevance of state health information exchange to provision of service</li> </ul>	<ul style="list-style-type: none"> <li>➤ Patient care</li> <li>➤ Cost savings</li> <li>➤ Time and efficiency improvements</li> </ul>
	Easy	Most Value
	Medium	Medium Value
	Hard	Lowest Value

# Prioritization Exercise Overview

Service	Meaningful Use Criteria* <i>Health IT Policy Council Recommendations for 2011</i>	Expected Level of Difficulty	Anticipated Value
Electronic eligibility and claims transactions	<ul style="list-style-type: none"> <li>➤ Check insurance eligibility electronically from public and private payers</li> <li>➤ Submit claims electronically to public and private payers</li> </ul>		
Electronic prescribing and refill requests	<ul style="list-style-type: none"> <li>➤ Generate and transmit permissible prescriptions electronically</li> <li>➤ Perform medication reconciliation</li> </ul>		
Electronic clinical lab reporting and refill requests	<ul style="list-style-type: none"> <li>➤ Use CPOE for all orders</li> <li>➤ Incorporate lab-test results into EHR structured data</li> </ul>		
Electronic public health reporting	<ul style="list-style-type: none"> <li>➤ Submit electronic data to immunization registries</li> <li>➤ Provide electronic syndromic surveillance data to public health agencies</li> <li>➤ Provide electronic submission of reportable lab results to public health agencies</li> </ul>		
Quality reporting	<ul style="list-style-type: none"> <li>➤ Report ambulatory quality measures to CMS</li> </ul>		
Prescription fill status and/or medication fill history	<ul style="list-style-type: none"> <li>➤ Generate and transmit permissible prescriptions electronically</li> <li>➤ Perform medication reconciliation</li> </ul>		
Clinical summary exchange for care coordination and patient engagement	<ul style="list-style-type: none"> <li>➤ Exchange key clinical information (problem list, medication list, allergies, test results, discharge summary, procedures) among providers of care and patient authorized entities</li> <li>➤ Provide clinical summaries for patients for each encounter</li> </ul>		



# Prioritized Services Summary Graphic



# Information for Evaluating the Criteria

- **Existing capabilities in MO or elsewhere that can be leveraged?**
- **Models from other states or HIOs that can help estimate cost, time, value**
- **What other information is needed?**

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# Next Steps

- Review HIE services and provide additional information relevant to MO capabilities
- Review draft Strategic Plan language in advance of next Workgroup meeting
- Review anticipated Notice of Proposed Rulemaking re: Meaningful Use before next Workgroup meeting
- Access Workgroup materials online at <http://dss.mo.gov/hie/leadership.shtml>
- Send feedback and comments to [kwallis@manatt.com](mailto:kwallis@manatt.com) by January 4, 2010

**Next Meeting: Tuesday, January 12<sup>th</sup>, 2:30 – 5:30 pm**

**Location TBD**